

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51		2		
2							52		2		
3							53		1		
4							54		1		
5							55	1			
6							56				
7							57				
8							58				
9	1						59				
10							60				
11							61				
12							62				
13							63		2		
14							64		2		
15							65		2		
16							66		2		
17	1						67		2		
18							68		2		
19							69		2		
20							70				
21							71				
22							72				
23							73				
24							74				
25	1						75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33		2					83				
34		2					84				
35		2					85				
36		2					86				
37		2					87				
38		2					88				
39		2					89				
40	1						90				
41		1					91				
42		1					92				
43		1					93				
44		1					94				
45		1					95				
46		1					96				
47		1					97				
48		2					98				
49		2					99				
50		2					100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				